

Community and Social Services Committee (CSSC) Report: May & June 2024

1. Update from May 16, 2024, CSSC meeting: Position Statements on ASH Priorities

Meeting Notes are in Appendix A

The CSSC meeting was held on May 16, 2024. Prior to that meeting, two community members resigned. Unfortunately, they were the members who had taken on the CTS and Treatment position statement. As of May 16, 2024, assignment of that position statement is outstanding.

Two community members, in addition to the CSSC Chair, attended the meeting. Prior to the meeting, the CSSC Chair provided a draft position statement on safer supply operations to the committee for feedback. None was received by email, and none was provided at the meeting. The CSSC Chair will send the position statement to the committee prior to the June meeting for feedback.

The statement on community wellness / communal well-being was also discussed and changes were suggested and agreed upon. The community member who is working on that statement will submit a revised draft.

The next meeting of the CSSC is scheduled for June 13 from 6:30 p.m. to 8:30 p.m. at 140 Mann Ave.

2. Update from June 13, 2024, CSSC meeting: Position Statements on ASH Priorities

Meeting Notes are in Appendix B

The CSSC meeting was held on June 13, 2024. There were no additions to or resignations from the committee.

The language about responsibilities was added to the statement on community wellness / communal well-being. The CSSC Committee decided to propose a motion to the ASH Board of Director to adopt the communal well-being approach. The Chair will make the needed adjustments to propose the motion at the July Board Meeting.

Advocacy around City of Ottawa Responsibilities is becoming more urgent and the Chair was asked to prioritize that work instead of safer supply. The Safer Supply position statement still needs work. At the same time, as advocacy around City of Ottawa Responsibilities takes shape, so will the position statement. The CSSC Chair will attempt to provide a full position statement and at least one advocacy letter to the CSSC by the next meeting.

The next meeting of the CSSC is scheduled for July 11 from 6:30 p.m. to 8:30 p.m. at 140 Mann Ave.

3. Delegations at the City of Ottawa

The CSSC Chair intended to delegate at the Ottawa Police Services Board meeting on May 27, 2024, in (cautious) support of the new policing approach in downtown Ottawa and invited

committee members to participate. On May 18, 2024, she received permission to delegate on behalf of the Sandy Hill Community Liaison Committee. Unfortunately, the deadline for submission was misunderstood and she was unable to delegate orally. However, her written version of the submission was provided to OPSB members to read in advance of the meeting. The written delegation is available in Appendix C.

The budget for the CORE strategy was approved.

The CSSC Chair delegated on two separate points at the Emergency Preparedness and Protective Services meeting on June 17, 2024. The link is below, and the speeches are in Appendices D and E.

[EPPSC - 17 JUNE 2024 @ 2:00 PM \(or 15 min after Jt ARAC/ECCC mtg\) \(youtube.com\)](#)

The CSSC Chair delegates on Ottawa Fire Services at 15m 01s

The CSSC Chair delegates on Ottawa Paramedic Services at 55 m 29 s

She also delegated at the Community Safety and Well-Being Advisory Committee meeting on June 18, 2024, to request an intersectional gender-based analysis of the impact of the toxic drug supply and the overconcentration of services in Ward 12. The meeting is not available publicly. The speech is in Appendix F.

3.1 Upcoming City of Ottawa Meetings

[eSCRIBE Published Meetings \(escribemeetings.com\)](#)

- Emergency Preparedness and Protective Services Committee (Bylaw, EMS oversight): *no scheduled meetings until September*
- Police Services Board (Police Oversight): July 22, 4 p.m.
- City Council June 25, 10 a.m. (rescheduled from June 26, 10 a.m.); July 10, 10 a.m.; ~~July 24, 10 a.m.~~ (cancelled); Aug. 07, 10 a.m.; Aug. 21, 10 a.m.
- Community Services Committee: June 26, 9:30 a.m.
- Environment and Climate Change Committee: *no scheduled meetings until September*
- Community Safety and Well-Being Advisory Committee: *no scheduled meetings until September*
- Board of Health: *no scheduled meetings until September*

Agendas for some of these meetings are online. Unavailable agendas are usually available online the week prior to their occurrence. Based on the agendas, the CSSC Chair determines whether a delegation is needed in the context of the CSSC or not. Committee members are then informed of her assessment, invited to challenge that assessment and/or delegate as they see fit.

A group of residents advocating for support for the impact of Centre 454 on their residential area will be delegating at Ottawa Police Board on June 24, 2024. The CSSC Chair will not be participating in that delegation because of the ASH Board meeting; however, she is providing support to residents.

The CSSC Chair has identified an opportunity to delegate on shelters and housing at the June 26, 2024, meeting.

4. Community Liaison Committee Updates

Over the past two months, the CSSC Chair has attended 2 Community Liaison Committee meetings in person. The next meeting will be July 16, 2024.

4.1 Administration

- The website has launched! The SHCLC has approved the design and layout. The Planning Committee is working on updates since it takes some getting used to and some time. You can see it here: www.sandyhillclc.ca.
- There are no new members to announce at this time; however, the planning committee continues to work to recruit business and other organization members. All of the other stakeholder representative groups have full membership at this time. We are still looking for 2 members in the business representatives group and 1 member in the other organization group.

4.2 Actions

- The SHCLC Clean the Capital BBQ and Info Fair was postponed until Fall 2024 because of weather and logistical challenges.
- SHCLC has not yet heard from Health Canada with regard to the application for federal SUAP funding for the proposed CORE Team.
- The Good Neighbour Commitment working group met on May 1, 2024, and June 3, 2024. The final draft was to be presented to the SHCLC for consensus at the June 18, 2024; however, other business took priority. The draft will be presented at the next meeting.
- The Strategic Priorities working group met on May 14, 2024, and worked to identify ideas and recommendations that are in the spirit of the SHCLC. They made significant headway in both identifying priorities and ideas that can be integrated into the work of the committee and reviewing suggestions for the Terms of Reference. The work will continue and be presented to the CLC at the next meeting.
- There are significant concerns related to the relocation of DND staff out of the downtown core as a result of safety concerns related to the impact of the toxic drug supply and the overconcentration of services. OPH committed to recording the concerns being expressed in the ongoing surveillance of the situation downtown.
- Belong Ottawa let the committee know that significant remediation efforts are being made to address the rats and the garbage issues that have created tension with their neighbours. Security concerns have been brought up to the organization.
- The SHCHC announced that it would re-open the injection room and washrooms on July 2, 2024.

- The CSSC Chair indicated that as a result of the June 13 CSSC meeting, they were going to be writing advocacy letters related to the responsibilities of the City of Ottawa in North Sandy Hill. The Community Liaison Committee requested input on the letter and indicated that it could be a joint letter from both the ASH CSSC and the SHCLC. The CSSC Chair agreed to this approach in principle and will request the feedback of the CSSC on this approach.

5. Meetings with Dr. Vera Etches

5.1 April 30 meeting

At the April 30 meeting with Dr. Etches, the CSSC Chair brought forward the idea of providing health and medical supports for PWUD in supportive housing facilities. Dr. Etches was supportive of this idea and indicated that it was a common vision, but that housing and health funding mechanisms do not typically work together, so there will be barriers. The CSSC Chair committed to looking at policy to find ways to harmonize those mechanisms. At the same time, Dr. Etches committed to bringing forward a draft vision and discuss how to build in metrics, for a collective effort to grow supportive housing with health supports in Ottawa as the Ottawa Health Team progresses in their work.

Additionally, based on the increased amount of broken safe inhalation supplies that has become an ongoing issue in Sandy Hill, but egregiously so in Lowertown, Phil Janssen and the harm reduction team committed to looking into alternatives to glass as the material for safer inhalation supplies.

The CSSC Chair also suggested funding security for private and public bathrooms that already exist as a measure to increase access to bathrooms to address open public defecation. While the suggestion was noted, no commitment was made by OPH and The CSSC Chair will follow-up at the next meeting.

Dr. Etches then sought feedback on which demographic groups should be prioritized for physician attachment in the neighbourhoods and there was agreement between community association representatives that children, and especially children of newcomers, should be prioritized, with seniors taking a close second.

Community association representative then provided multiple suggestions for how to reach people who may not have access to or understand how to use typical communication channels, Suggestions included identity-based organizations, schools, resettlement organizations, mapping exercise of who is using walk-ins, contact the Lowertown Resource Centre and Maison Sophie who could act a local partner to support people.

Dr. Etches committed to sharing the feedback from this group at the next Ottawa Health Team meeting and she did so. The reaction of the OHT will be shared at the next meeting with Dr. Etches.

There was a discussion around removing some items from the forward agenda; however, given the overlapping nature of the issues being faced, we decided to keep exploring which aspects could be addressed at OPH.

The Good Neighbour Commitment being developed by the Sandy Hill Community Liaison Committee could be shared with OPH and the OHT as a mechanism for looking at how health services in the area are delivered, even at the Ministry of Health and Health Canada levels.

The next meeting with Dr. Etches will take place on June 21, 2024. The agenda is not yet available; however, following updates from ASH and LCA, there will be more information about the next steps of the OHT.

5.2 June 21 Meeting

At the June 21 Meeting, the Community Associations discussed the increasing risks related to the toxic drug supply and the overconcentration of social services in Sandy Hill and Lowertown.

The Community Associations expressed that they did not believe the ANCHOR program – the alternative response program in Centretown – would be responsive or useful because it was being run by service providers who do not respond to resident concerns. Dr. Etches indicated that she would pass those concerns on to the ANCHOR program.

The Chair of the CSSC and Councillor Plante addressed the lack of communication of City health inspectors to residents following complaints of at Centre 454 (Belong Ottawa). Dr. Etches indicated that they will follow-up and that the reports will be/should be made public.

The Chair of the CSSC provided background research and recommendations/requests to OPH on the matter of materials for safer inhalation supplies and indicated that if there was no way forward from a municipal perspective, she would engage with the province on this matter given that it is the Ontario Harm Reduction Distribution Program [Best Practices - Ontario Harm Reduction Distribution Program \(ohrdp.ca\)](https://www.ohrdp.ca) that oversees the production and provision of harm reduction materials across the program. The researched information and recommendations/requests are available in Appendix G. In a follow-up, a representative from OPH indicated that the Program Manager for harm reduction has meeting with OHRDP to discuss alternative materials. The outcome of that discussion will inform the next steps of the CSSC on this matter.

OPH is researching potential avenues for harmonizing health and housing funding and the CSSC Chair is also looking into this approach. Dr. Etches suggested that the CSSC Chair be looped into the work OPH is doing so that we do not duplicate efforts.

Dr. Etches informed us that the group of OHT providers in the area agreed with the prioritization of children and seniors and has started to recruit unattached patients in two buildings in Lowertown through the OPH Community Engagement Team. They are working with a building run by Options Bytown and a building run by Aging in Place. The approach is promising. The CSSC Chair asked about recruiting children since Options Bytown does not house families and Aging in Place is targeted at seniors. To ensure children are being targeted for attachment to primary care, when a community health nurse visits a family with children in the area, they

ensure that the parents/guardians have to opportunity to register with a physician. These approaches are pilot programs and will be expanded once there has been proven success using these methodologies.

The CSSC Chair asked about the Ottawa Paramedic Services Mental Health Program that was created in 2022. The program is not available 24/7; however, it seems promising in that it is an urgent mental health response that his run by the city. At this time, the program self-assigns calls based on their own assessments, so there is no direct avenue for requesting a mental health response. The teams dispatched from the program include a crisis worker/social worker and a paramedic. The CSSC Chair indicated that this program should be expanded to a 24/7 service, at least in Wards 12, 13 and 14, and that it would fill a huge response gap for when people with substance use disorder and/or mental health needs need intervention for their safety and/or the safety of others (e.g., when a person is outside screaming in the middle of the night, or when a person is exhibiting strange/erratic behaviour).

The next meeting should be scheduled in July 2024, although, it is difficult to schedule due to holidays and may not take place until August 2024. OPH will send a poll to determine availability.

6. Housing

6.1 Discussions with Housing Services at the City of Ottawa

Kale Brown of Housing provided the information he had promised to the CSSC Chair at their meeting in April 2024 in early June 2024. She is still reviewing the materials to better understand how different policies interact in relation to supportive housing and health care. The next step will be to read the policies and propose solutions to building health and treatment supports into the supportive housing model.

6.2 Supportive Housing

The CSSC Chair met with the Director of Oasis and the Executive Director of Options Bytown on May 23, 2024.

It was a fruitful discussion. SHCHC and Options Bytown are looking at ways to be mutually supportive so that in as much as SHCHC can provide health care supports and, potentially, a treatment menu for PWUD living in Options Bytown supportive housing units.

The CSSC Chair was given to understand that targeted supportive housing does not work well and that the people housed in Options Bytown housing were always mixed and that if there are triggers in the building or neighbourhood for tenants, they are provided space in alternative supportive housing units run by Options Bytown in different areas of the City.

There is an Ottawa Community Housing building being constructed on Somerset St. E, in Sandy Hill. Options Bytown will likely be managing supportive housing in that building. There is no clear timeline on this project; however, it will be a long time before it is active.

The CSSC Chair suggested that SHCHC and Options Bytown work together so that Options Bytown is housing folks who already stay in Sandy Hill. Specifically, people suffering from homelessness who are identified at the situation table and/or actively seeking treatment and related support at SHCHC could be referred immediately. In doing so, it would lessen the impact of the overconcentration of social services in the neighbourhood. Additionally, if SHCHC and Options Bytown can partner on the service delivery within the supportive housing unit, it will ensure that the PWUD who live there will be able to meet their needs at home through a menu of treatment options, including iOAT, traditional OAT, prescribed alternatives, abstinence-based recovery, 24-hour detox and, in all cases, mental health, treatment and stabilization supports. As a result, they would no longer be seeking services in North Sandy Hill and will not be displaced elsewhere.

It is important to note that services in Options Bytown supportive housing are intended to be provided *only* to residents of that housing complex and will not be offered to the general public. Additionally, all tenants sign a lease agreement and there are requirements for respect, health and safety built into the lease agreements. Options Bytown supportive housing in Sandy Hill will likely have a positive impact on the neighbourhood, support vulnerable people, and ensure everyone's health and safety.

The CSSC Chair is adamant that the wider community, including long-term residents and student residents, have an opportunity to learn about, understand, provide feedback on and express concerns and/or support for this new supportive housing initiative in the area. Notably, residents need to understand that Options Bytown is *not* a service, it is a housing provider. Additionally, their current supportive housing buildings in the City of Ottawa are very safe and immensely successful in providing the appropriate supports to residents of all walks of life.

Options Bytown, SHCHC and the CSSC Chair are looking into different ways we can work together and bring policy together so that health and housing are mutually reinforcing. More information will be provided about this approach as discussions continue.

7. Waste Management

The CSSC Chair met with Bryden Denyes on May 10, 2024. They discussed the possibility of the City of Ottawa teaming up with service providers to do manual garbage collection. Bryden indicated that he had approached service providers in the past with a similar idea and that they had refused. Given that, at least in Sandy Hill, the staff has changed, he is willing to revisit the option. Following the meeting, the CSSC Chair provided an e-introduction to Wendy Stewart, Director of Oasis and Bryden. The CSSC Chair has not followed-up on that and will do so when she is able in the next month.

They also discussed the impact of large furniture waste dumping on the residents in “high risk” areas. Specifically, when large furniture items, especially couches, are left outside for long periods they are picked up and moved to the sidewalks near front line service provider sites where they become magnets for drug use, drug dealing and sex trafficking. Over the “move out weekend” at the end of April, there were two such couches – one in front of Centre 454 on Daly Ave. and one near the SHCHC on Besserer St. It took the city four days to remove the couches. Follow-up from bylaw was very slow. It is ultimately the responsibility of Bryden's team to

come and get the furniture; however, they were not informed of the issue until late on Sunday evening. Both couches were gone on Monday. As a result of this, Bryden has provided a way to ensure that it does not happen again.

He has indicated that if large furniture items are deposited on sidewalks in high risk areas that the service providers should file the complaint with 311 online. Download the form and email it to him directly. Additionally, residents may follow the same process; however, those service requests should be sent to the CSSC Chair of ASH, who will forward them to Bryden. He understands the impact of these occurrences and will ensure the urgent removal of these items.

Following the meeting, the CSSC Chair provided this process to the Executive Director of Belong Ottawa, the Reverend of St. Alban's Church and the Director of Oasis. Residents in North Sandy Hill who address these matters have been updated as well.

8. Other Issues

8.1 Safer Supply Operations

The response to MP Laila Goodridge's questions is high-level, typical and uninformative. It appears to be a "uniform" response. It is available in Appendix H.

The ATIP that the Chair of CSSC filed on Pathways to Recovery SUAP funding is overdue. She has followed up with Health Canada and will be filing an official complaint.

8.2 Temporary CTS Closures

The SHCHC is scheduled to re-open their safe injection room and their washrooms on July 2, 2024. Everyone hopes that this will help reduce the number of people using drugs in public areas (sidewalks, parks), the number of improperly discarded single use syringes, and the increased amount of public urination and defecation in North Sandy Hill and Lowertown.

8.3 Centretown Residents

The CSSC Chair met with Centretown residents who expressed their desire for support from Ward 12 to access their City Councillor, Ariel Troster as they have indicated that she is not open to engaging with them on a regular basis. Specifically, they are interested in creating an "Urban Citizens Safety Coalition" between Somerset Ward and Rideau-Vanier that would see combined meetings with representatives of all the community associations and with our two Councillors to discuss overlapping needs. The Centretown residents indicated they would send a letter of invitation or an official request to date. The CSSC Chair has not yet received an update.

8.4 Call with Councillor Troster

The CSSC Chair reached out to Councillor Troster's office to schedule a meeting with her based on their positive engagement on coordination at the municipal level at the EPPSC on March 21, 2024. The Councillor indicated that it would not be useful to include suburban and rural Councillors in discussions that impact urban areas. Additionally, she did not seem keen to take on any type of advocacy for coordination between city departments. The CSSC Chair used the rest of the time to discuss the relationship between service providers and residents in Ward 12

and why residents have lost trust in service providers. Following this meeting, the CSSC Chair does not believe that it is a good use of time to continue trying to engage Councillor Troster on this matter.

8.5 Situational Advocacy

On Thursday June 13, 2024, the CSSC Chair received a call from a resident related to excessive garbage in front of Centre 454 (not the typical amount, but piles of garbage) that was a result of the garbage cans not having been brought inside overnight. There was no action being taken, so the CSSC Chair reached out to waste management services directly and it was cleaned up almost immediately.

This situation indicates that the staff of Centre 454 do not appear to prioritize the neighbourhood in which they offer services. It also indicates that the City's waste management team is responsive and doing their best.

On Wednesday June 19, 2024, the CSSC Chair spent the day supporting a resident in accessing protection because her young children had been targeted by a person who uses drugs who also suffers from homelessness. She took every step possible to get help, including multiple calls to the police. The CSSC Chair advocated to city officials, the police, and service providers for help via email and supported her directly. Another resident forwarded the emails being sent to the mayor's office and they passed it on to the office of the Chief of Police. After that, there was a stronger response from police. The residents in question believe it was a result of the involvement of the mayor's office and question what would have happened if that full support network and push residents had not been available to them. It took 16 hours to ensure that this situation was taken seriously by the City of Ottawa.

This situation indicates that a more targeted approach to advocating for police, 911 and bylaw response in North Sandy Hill is needed.

On Thursday June 20, 2024, the CSSC Chair received a call from a resident who had encountered a very young woman who was crying because she was in an overwhelming situation and needed direct help. The resident then witnessed this young girl being approached by a group of men. The CSSC Chair contacted the Community Engagement Team leader, who called various services and set up appropriate supports for this young woman, sent a CET worker to her and ensured that she was able to access the services she needed.

This situation indicates that CET could be playing a more responsive role when residents encounter someone needed help and the CSSC Chair will discuss that idea with the CET leader moving forward. This situation also supports the previously identified needs for the Ottawa Paramedic's Mental Health Response Program (see update in 5.2) to be available 24/7 and receive direct calls.

Conclusion

While it is encouraging that the different city services respond, whether eventually or quickly, to resident inquiries, the fact that a volunteer from a community association is the residents' link to City services is a problem. The City of Ottawa needs to coordinate more effectively and respond

to residents quickly and appropriately. Depending on volunteers for the well-being of residents is highly problematic. See notes from the CSSC on June 13, 2024, for more information about advocacy on this point.

Appendix A: CSSC Meeting Notes from May 16, 2024

Meeting began at 6:30 p.m. at 140 Mann Ave., Ottawa, ON

Attendees: Calla Barnett (Chair), Margaret Grouin and Brad Cline

Chair's Update

The CSSC Chair thanked everyone for their understanding around the last-minute cancellation of our previous meeting so that she could attend a related event. She announced the Action Sandy Hill AGM, to take place on May 30 and let the committee know that two members had resigned from the committee moving forward.

She then provided an update on the SHCHC Consumption and Treatment site closure, which will likely be closed until mid- to late-June. She then provided an update on the delegation in support of the Problematic Properties webpage (see March 2024 Report to the Board) and the evening she spent with Members of Parliament and Adam Zivo at Parliament and the question that MP Laila Goodridge added to the Order Paper about Pathways to Recovery (see April 2024 Report to the Board for details). The Chair then provided updates based on her meetings with Bryden Denyes (street cleaning, Public Works), OPH meetings on March 27 and April 30, Kale Brown (housing services).

The update information on the meeting with Kale Brown and OPH are available in the April 2024 Report to the Board.

The update information on meetings with Bryden Denyes and the OPH meeting on April 30 are available in the May and June 2024 report to the Board.

The CSSC Chair met with some Centretown residents who requested her input on some actions they are taking. Additionally, she spoke with Councillor Ariel Troster in an attempt to broach the possibility of working together to improve coordination between City Councillors or City Departments. The details are available in the May and June 2024 Report the Board.

Community Liaison Committee Update

A CLC meeting was held on April 16, 2024. That update was provided verbally to the committee. Details available in the April 2024 Report to the ASH Board of Directors. The next CLC meeting will occur on Tuesday May 21, 2024.

Upcoming City of Ottawa Boards and Committees

The Committee discussed the upcoming meetings at the City of Ottawa; however, agendas were not yet available. The CSSC Chair indicated that there was an opportunity to delegate at the Ottawa Police Services Board on May 27 and she would like to delegate in support of the CORE Strategy for which the OPS will be approving a budget.

[eSCRIBE Published Meetings \(escribemeetings.com\)](https://www.escribemeetings.com)

CSSC Priorities, Research and Position Statements

The Committee was provided with a proposal to shift the language we use from Community Wellness to Community Well-Being. This shift in language was well received and the discussion focused on ensuring that responsibilities were highlighted alongside rights.

Next Meeting: The next meeting of the CSSC will take place on June 13, 2024.

Appendix B: CSSC Meeting Notes from June 13, 2024

Meeting began at 6:40 p.m. at 140 Mann Ave., Ottawa, ON

Attendees: Calla Barnett (Chair), Margaret Grouin, George Levine, Susan Khazaeli, and Brad Cline

Chair's Update

The CSSC Chair informed the committee that the ASH Annual Meeting took place on May 30, 2024. There are new Board Members and the CSSC Chair was re-elected as a Director and will maintain her position as Vice-Chair and as Chair of the CSSC. Because of the bylaw changes that were passed at the Annual Meeting, no Chair was elected. The CSSC Chair is therefore the Acting Chair of ASH and will be until a new Chair is appointed or until she resigns as Vice-Chair.

The Chair provided updates on the SHCHC, the OPSB delegation, and the Centre 454 impact on the neighbourhood. Information on these issues is available in the above report.

The response to MP Laila Goodridge's question on the Order Paper arrived during the meeting and was not useful. It was high level and typical. The Chair's ATIP is overdue. She will file a complaint and follow-up again.

Community Liaison Committee Update

An SHCLC meeting was held on May 21, 2024. That update was provided verbally to the committee. Details available in this, the May and June 2024 Report to the ASH Board of Directors. The next CLC meeting will occur on Tuesday June 18, 2024.

Upcoming City of Ottawa Boards and Committees

The Committee discussed the upcoming meetings at the City of Ottawa. The committee decided that two delegations at the EPPSC on July 17, 2024, about the annual reports for 2023 from the Ottawa Fire Service and the Ottawa Paramedics Service would have value. Additionally, there was a potential for a delegation on the Board of Health Annual Report at the June 17, 2024, meeting and at the Community Safety and Wellbeing Advisory Committee meeting on June 18, 2024, once the agendas were updated with full information and that the Chair would let committee members know if there were any changes. Additionally, the Chair committed to sending their delegations to the committee for feedback if she could get them done in time.

The CSSC Chair and some of the residents at the meeting let everyone know that a group of residents who live around Centre 454 would be delegating at Ottawa Police Services Board on June 24, 2024. The CSSC Chair indicated she is aware of the effort and that she is not delegating but is supporting the residents. She also indicated that the Executive Director of Belong Ottawa is aware that she is supporting residents as she is acting in good faith in the context of the SHCLC.

[eSCRIBE Published Meetings \(escribemeetings.com\)](https://www.escribemeetings.com)

CSSC Priorities, Research and Position Statements

The CSSC reviewed the work that was done internally on a Communal Well-Being statement and approach. Based on this approach, the Chair was asked to bring a motion to the ASH Board of Directors to adopt it as the underlying approach for CSSC advocacy work. The Chair indicated that with the new Board of Directors having their first meeting in June 2024, it would likely not be brought before them until July 2024. She will be drafting a motion to bring to the ASH Board and submitting it for committee feedback at the July meeting.

The CSSC Chair indicated that she now has contacts in all of the City of Ottawa departments who have a responsibility toward North Sandy Hill, Lowertown and all of Ward 12 in relation to the impact of the toxic drug supply and the overconcentration of services. She will therefore be drafting a letter alongside the City of Ottawa Responsibilities position statement, both of which will be brought to the committee (if not the July 11 meeting, the August meeting).

The CSSC Chair indicated that a position statement on supportive housing in Sandy Hill will need to be drafted under the housing priority.

Next Meeting: The next meeting of the CSSC will take place on July 11, 2024, at 6:30 p.m.

Appendix C: Written Submission to OPSB by CSSC Chair on behalf of the SHCLC

Dear Valued Partners,

Thank you for providing this opportunity to speak about the CORE program. I am here as a resident of Sandy Hill. I am a very engaged community volunteer with the Action Sandy Hill community association and the Sandy Hill Community Liaison Committee. I benefit greatly from white privilege. I am also a single, queer, disabled parent.

I attended the Police Board meeting of November 27th to address the perceived indifference of OPS toward the residents, businesses, and people with lived and living experience in Ward 12 and Sandy Hill. While I believe that this indifference continues, I have also been proven wrong about other comments I made. At the time, I said that now Sgts. Paul Stam and Sebastien Lemay were only two people. I questioned what difference they could make. But with this program, I am proven wrong.

I am eager for this program to truly begin. The situation table has already begun. To my knowledge there have been three meetings and five people identified as potential beneficiaries of wraparound services from the 33 service providers involved. This approach is already exceptional in that it is responsive to the needs of those of us who are most vulnerable and whose actions are rooted in trauma. Instead of being retraumatized by the justice system, they will receive the care they need to heal. That this initiative has been created in partnership with OPS is not lost on this community.

We hope that the combination of a hub for the neighbourhood response team and targeted enforcement of high incidence areas will lead to safer spaces for everyone. The idea that the police will play a protection role through deterrence of violent crime in targeted areas while providing inclusive and supportive avenues for care for those of us suffering from homelessness, substance use disorder and mental illness is encouraging at this time. We are also excited that the members of the Neighbourhood Response Team may get to know our Ward and the people here so that they can adopt the nuanced approach to policing that we have seen from Sgts. Paul Stam and Sebastian Lemay, and more recently, Cst. James Kennedy.

I have spoken at a number of City of Ottawa boards and committees where I have indicated that what we were doing wasn't working. I have detailed the general lack of response to residents and people with lived and living experience by Ottawa Police, Bylaw, 911 dispatch, OPH, and community and social services, as well as other levels of government and both not-for-profit and for-profit service providers. I have called on everyone to try new approaches and respond to this crisis differently. It is encouraging to see such an innovative proposal. A different approach to policing that involves prevention of and protection from violent crime while addressing trauma-induced non-violent behaviour differently.

The Sandy Hill Community Liaison Committee is a space where residents, people with live/living experience, service providers, other agencies and business representatives come together to find common ground as we face the impact of the toxic drug supply. All decisions are based on consensus. At our most recent meeting, I asked permission to speak in support of this initiative on behalf of the committee, and it was granted. Not necessarily because we believe it will be THE solution to all of our problems, but because we applaud the initiative in principle

and despite some of our misgivings about an increased police presence in the area, we recognize that the status quo will cause more harm and that it is better to try than not to try.

So, thank you to the officers who worked to develop the CORE program. Thank you for listening to those of us in need of protection and finding alternative solutions to enforcement. Thank you for bringing these approaches to the SHCLC for feedback and learning from us so that your approach responds to the current realities. We encourage the implementation of this program and will continue to work with leadership to ensure that it remains responsive to the realities on the ground and to ensure that those who are vulnerable are protected.

Appendix D: Delegation to EPPSC on Ottawa Fire Services 2023 Annual Report and 2024 Community Risk Report by CSSC Chair

Good afternoon, everyone.

Thank you for the opportunity to delegate today. My name is Calla Barnett, I am the Vice-Chair of Action Sandy Hill and a member of the Sandy Hill Community Liaison Committee. I am also a single, queer, disabled parent. I am grateful to both OFS and OPS for their service, but I don't have a lot of time, so I can't express that gratitude properly here. However, it is ever present.

I would like to address the annual report and risk assessment provided by Ottawa Fire Services. I have some concerns about the presentation and general understanding of the risks for OFS in urban areas. I will explain some of the issues I see and then focus on what that means for the residents and PWLLE in my neighbourhood and my Ward.

Based on these reports, my local fire station – Station 13 – is the busiest in the City of Ottawa. At the same time, I see that there has been a significant increase in medical calls (nearly 25% since last year). I am confident in assuming that the stations in District 1 – including Station 13 – see the largest proportion of that increase; however, the impact of the toxic drug supply and the overconcentration of social services are not identified as risks.

These omissions lead me to question whether or not our fire station will receive appropriate funding to meet community expectations for response times. At the same time, it leads me to question whether the gravity of the situation is clear to OFS.

Within the risk assessment, there is a paragraph in the section dedicated to “Transitory Risk” called “Unhoused Population” on page 113. There are multiple issues in the way that risks are identified in this paragraph, as well as stigmatizing language being used. In fact, the language is so stigmatizing that I expected the groups who vilify residents who experience negative impacts to be here. I wonder why they aren't...

That said, the first and most stigmatizing thing that occurs in this report is that the “unhoused population” is identified as a *risk*. They are NOT a risk. They are part of the population OFS serves.

Moreover, the paragraph is almost exclusively focused on encampments located in hard to reach areas, except for one sentence related to people standing on meridians approaching stopped cars to ask the people inside for change. There are so many problems with this assessment, I am simply going to list them.

1. Encampments are not *only* located in hard-to-reach areas. There are plenty that pop up on schoolyards, sidewalks, private property and in parks in Ward 12.
2. The people on meridians and beside the road approaching cars are NOT always suffering from homelessness. People can live in poverty and be housed. Referring to “These people” is highly problematic.
3. Drug addiction should be referred to as “substance use disorder” and drug abuse should be referred to as “substance use.” Additionally, it is not substance use that drives people out of shelters. It is the behaviour of some people who use substances. Frankly, residents

in my area have suffered condescension and abuse from some service providers and harm reduction advocates because we use the wrong words. If the city is perpetuating stigmatizing language, it puts others who don't know better yet at risk of additional abuse.

4. There are other fire risks caused by the overconcentration of social services and the impact of the toxic drug supply in Ward 12 that are not even acknowledged, including warming fires, urban encampments and an increasing number of vacant properties.

Frankly, the understanding of the risks to OFS and the risks to the urban communities does not bode well. It will result in the underfunding of the busiest fire station in the City and put Ward 12 residents and people with lived experience at greater risk of harm due to lack of availability as a result of this lack of funding.

I highly recommend that specific risk assessments be conducted and presented for the following, separate issues, with clear indications that there are risks for residents AND for people with lived experiences:

1. Urban encampments
2. Rural/remote/invisible encampments
3. Warming fires
4. Vacant and/or problematic properties
5. The toxic drug supply
6. Overconcentration of social services

We are all afraid that when we need help the most, it won't come. Already, 911 dispatch questions our calls to the police. What happens when they start to question our calls for medical and fire emergencies?

Thank you.

Appendix E: Delegation to EPPSC on Ottawa Paramedic Services 2023 Annual Report by CSSC Chair

Hello again!

I want to take a moment here to recognize the difficult job of the paramedics and the firefighters in the City of Ottawa. I did not have the time to do so in my previous delegation and I am incredibly grateful for the work of all first responders.

I need to address a significant lack of information in the documentation that was publicly provided prior to this meeting and in the context of the Annual Report for 2023. It has left residents in my Ward – Ward 12 – with more questions than answers as we continue to feel increasingly unsafe and, frankly, abandoned by the City of Ottawa.

The only publicly available document I could find as I prepared for this meeting is the summary of the annual report. In that summary, under risk implications it states “Risk implications and associated mitigation strategies are identified and explained in this report.” There is no information there as to what the risks *are* in terms of paramedicine and I find that concerning and it makes residents feel like there is information that is being kept from us and that the impact of the opioid crisis on urban areas is worse than we think.

It is my understanding that Ottawa Paramedics responded to 15,000 overdose calls last year. How many of those responses were in Wards 12, 13 and 14? How many were in Sandy Hill and Lowertown? Did it impact the response time of other calls? Are more people dying from other causes in Ward 12 because of the required response to overdoses? If so, what does the paramedics service need to stop that from happening and how do we make that happen? These are the fears of the residents. We have been lied to and gaslit for so long, we know longer know what to expect.

For example, in your report, you discuss the Targeted Diversion Engagement Program, run by Ottawa Inner City Health out of Shepherd’s of Good Hope. These two organizations have a history of referring to traumatized residents as NIMBY’s and of providing misleading or incomplete information to residents. In your report, it indicates that they provide “Safer Supply” to clients of their alternative emergency services. However, residents have been led to believe that OICH does not dispense hydromorphone. So, which is correct? If they are dispensing hydromorphone, what safety mechanisms are in place to ensure that diversion of hydromorphone is not occurring? Incidentally, it is no longer referred to as “safer supply” given that hydromorphone is still an addictive opioid being prescribed at 8mg/pill instead of the pain management does of 1 or 2 mg/pill.

There are some incredible programs listed here that I would personally like to know more about. For example, the Mental Wellbeing Response Team. It sounds great *and* I bet if residents knew about it, they would happily call that team for support for people with erratic behaviour, especially those who hesitate to call the police. However, we have little to no information about it and, apparently, it is not available 24/7. But why not? 3 million dollars what diverted from the Ottawa Police budget to set up a very similar response team that is being run by service providers in Centretown. WHY WAS THAT MONEY NOT PROVIDED TO PARAMEDICS TO

RUN THIS PROGRAM? It would have benefitted everyone!!! Why is the City taking orders from a non-profit so ostentatiously called the “Guiding Council of Ottawa” instead of their own experts in paramedicine? Please, please, please, expand this service to 24/7 in Ward 12, at the very least, as soon as possible so that when we call for help due to erratic behaviour, we have dedicated resources that can actually help the person exhibiting that behaviour AND the person being harmed by it. I am begging here. We are getting desperate. We need paramedics on bicycles who distribute suboxone, respond to mental health calls, refer to primary care or mental health care and then FOLLOW-UP ON THOSE REFERRALS. We needed this years ago. We need it yesterday. We need it now.

I don't know what it is going on with the decision-making, but so many solutions to the problems we face in Sandy Hill and Ward 12 are already available. Why aren't they being provided consistently? Why are residents still responsible for the impact of the toxic drug supply and the overconcentration of front line services in my neighbourhood?

Appendix F: Delegation to CSWBAC on Gender Based Violence by CSSC Chair

Good afternoon, everyone,

Thank you for the opportunity to delegate today. My name is Calla Barnett, I am the Vice-Chair of Action Sandy Hill and a member of the Sandy Hill Community Liaison Committee. I am an advocate for 2SLGBTQIA+ rights, a community-based advocate in Sandy Hill and Ward 12 and a gender-based analysis consultant. I recognize my privilege as a white, cisgender woman. I am also a single, queer, disabled parent.

I have asked to speak today in the context of gender-based violence and mental well-being to request that this committee recommend that an intersection gender-based analysis be conducted by the City of Ottawa on the impact of the toxic drug supply and the overconcentration of social services in Sandy Hill and Ward 12. Specifically, I believe that the City of Ottawa should engage an expert in intersectional, gender-based analysis with a background in social work and/or mental health and addictions counselling to conduct a city-wide study and analysis of the how street and drug culture impacts cisgender, straight women and 2SLGBTQIA+ people through an intersectional lens – that is, while taking into account overlapping oppressions, such as race, age, diverse-ability, ethnicity, citizenship status, and so on.

To be clear, I am not suggesting that the City of Ottawa hire ME to conduct the study. I do not have the appropriate background in social work. I would also ask that the City engage someone to conduct such a study who is not already a service provider or working in harm reduction in Ottawa to ensure that the study is trustworthy and as objective as possible.

Allow me to explain why I believe such a study is important. **This next part needs a trigger warning for sexual assault, sexual violence, substance use, and human trafficking:**

My neighbours, friends, colleagues and I – whether residents or people with lived experience – bear witness to and experience the impact of the toxic drug supply and the overconcentration of social services in Sandy Hill and Ward 12 everyday.

Three separate women with lived experience have shared their experiences with me:

1. One woman I met after she woke up on a park bench in Strathcona park, explained that she had traded free use sex for fentanyl. She had been so high she didn't remember what he did to her. She remembered regaining consciousness at one point, and he had her naked, leaned against a car while he had sex with her and hit her. She lost consciousness again and woke upon the bench. She offered me sex for the use of the shower. I declined, let her use the shower and gave her some food.
2. Following a community meeting where people with lived experience participated, I was speaking to a woman and a man with lived experience. She disclosed at that time that she had been forced to have sex with one man – a drug dealer – to pay off another man's drug debts. That is human trafficking.
3. I met another woman suffering from addiction who had been held hostage by two men who used her for sex and violence for two days. During this time she was raped multiple

times – both vaginally and anally, with penises and with objects. When they let her go, they threatened that if she told the police they would find her and rape her with a knife.

I am not the only person in my neighbourhood who sees and hears about this occurring. One of my neighbours witnessed a woman being trafficked in exchange for illicit substances in front of Centre 454 last week.

Our knowledge about how extensive these abuses are is limited. Until we have that knowledge, it will be impossible to respond to it effectively. So, I reiterate, and I beg you, please to conduct a city-wide study and analysis of the how street and drug culture impacts cisgender, straight women and 2SLGBTQIA+ people through an intersectional lens. For these women, for all the women who have been and are being trafficked as a result of the opioid crisis, please make this recommendation. Thank you.

Appendix G: Research and Recommendations/Requests About Harm Reduction Equipment and Best Practices

In advance of our meeting, I thought about doing some research on alternative materials for glass stems. I wanted to know why glass stems were preferred and how they interact with mouthpieces. I started with the Ontario Harm Reduction Distribution Program and found their Best Practices section: [Best Practices - Ontario Harm Reduction Distribution Program \(ohrdp.ca\)](https://www.ohrdp.ca), which indicates that "All harm reduction programming in Ontario is guided by the Best Practice Recommendations for Canadian Harm Reduction Programs that Provide Service to People Who Use Drugs and are at Risk for HIV, HCV and Other Harms (BPRs)."

That resource is developed by CATIE and was updated in 2021. It is available here: https://www.catie.ca/sites/default/files/2021-11/3382_CATIE_CarolStrike_BestPracticeRecommendations_2021-EN-Final.pdf (opens PDF) and here: [Best Practice Recommendations for Canadian Harm Reduction Programs | CATIE - Canada's source for HIV and hepatitis C information](#) (webpage where the resource is found, along with summaries for each type of Harm Reduction Supply).

In the context of safer inhalation supplies, I discovered some surprising and important information:

1. Safer Inhalation Supplies are discussed in the context of people using crack and crystal meth, not Fentanyl/Carfentanil, which we know is happening. The Best Practices outlined are for stimulant use in particular, which indicates a need for more research into the behaviour of people who use these supplies for depressants, and Fentanyl/Carfentanil in particular.
2. The reasons for choosing the materials for safer inhalation supplies, including borosilicate glass glass, are indicated on page 77:

"Studies of safer crack distribution programs have not evaluated the degree to which each individual piece of equipment decreases harm to the people who smoke crack cocaine. For example, no scientific studies have compared the risks from use of Pyrex/borosilicate glass stems to stems/pipes made from other materials." and that "Distribution of safer smoking equipment is based on **client preference, historical precedent (e.g., glass rose vials have been used as pipes), sound judgment about the risks associated with crack cocaine smoking, and trial and error. The choice of many current safer smoking supplies is based on their use in similar ways in other contexts.** For example, the recommended brass screens are intended for smoking tobacco in pipes. Since they are safe to use in a situation where smoking is involved, they have been deemed appropriate in this context. Similarly, **Pyrex/borosilicate glass is used in laboratory settings because of its heat resistance, strength, lack of coatings and non-reactivity.**" (p. 77)

3. "Borosilicate glass tubing contains at **least 5% borosilicate** which makes it resistant to high temperatures" (p. 77).

Based on this information that forms the basis of Ontario's Harm Reduction Distribution of Safer Inhalation Materials, I would like discuss the following and/or receive the answers to these questions:

1. There is an urgent need for the well-being of people who inhale Fentanyl/Carfentanyl to conduct a study of behaviour to assess risk and ensure that the safer inhalation supplies respond to that risk.
2. There is an urgent need, based on the increasing prevalence of improperly discarded safer inhalation supplies, to conduct studies on the potential of other materials to be used in the production of safer inhalation supplies.
3. I highly recommend that anodized aluminum and titanium stems are claimed to be non-harmful to humans by different cannabis distributors. Testing this approach should not have significant ethical considerations given that additional decisions have been made based on what is used in other settings or when other types of smoking are involved.
4. Additionally, or alternatively, I highly recommend looking into the percentage of borosilicate in the glass stems being manufactured and then increasing that amount to prevent breakage when dropped or stepped on.

Thank you for considering these urgent requests based on this research.

Appendix H: Response to MP Laila Goodridge's House of Commons Order Paper Question about Pathways to Recovery

Health Canada

(a) In accordance with its terms and conditions, Health Canada's Substance Use and Addictions Program (SUAP) funding must be used by recipients solely for expenditures that are directly related to the activities set out in the Contribution Agreement with Health Canada. These activities can support a wide range of evidence-informed and innovative initiatives that contribute to prevention, treatment and harm reduction responses to drug and substance use issues in Canada. Recipients may further distribute their contribution funding to other entities to conduct approved project activities.

(b) Prior to receiving SUAP funding, Pathways to Recovery did not disclose any conflicts of interest to the program.

(c) As part of the funding requirements of their Contribution Agreement with Health Canada, program recipients, including Pathways to Recovery, must acknowledge that third parties who are subject to legislation and codes governing conflict of interest must comply with these obligations and cannot derive any direct benefit resulting from their funding agreement, unless such benefit is in compliance with the applicable legislation and codes.

Furthermore, SUAP funding recipients must provide to Health Canada copies of their annual audited financial statements. Pathways to Recovery is currently meeting their reporting obligations to Health Canada. The department has protocols in place to ensure that organizations remain in compliance with their Contribution Agreements, and those who do not comply risk losing their project funding.

The following clauses from the SUAP Contribution Agreement address issues related to personal profit and conflict of interest:

4.4 Proceeds or Income

In accordance with the Reporting Plan (Appendix C), the Recipient shall report to Canada all proceeds or other income derived from contribution funding under this Agreement (e.g., interest). Such proceeds or income may be applied to reduce amounts otherwise payable under this Agreement. Where Canada determines that no such reduction is possible, or that any such reduction would only cover part of the proceeds or income derived from the use of the contribution funds, the remainder of the proceeds or income shall constitute an overpayment and be repayable in accordance with section 4.8 or, with the prior written approval from Canada, may be used by the Recipient to enhance the Initiative.

19. CONFLICT OF INTEREST

The Recipient acknowledges that individuals who are subject to the provisions of the Conflict of Interest Act (S.C. 2006, c. 9, s. 2), the Conflict of Interest Code for Members of the House of Commons, the Conflict of Interest Code for Senators, the Conflict of Interest and Post-Employment Code for Public Office Holders, the Values and Ethics Code for Health Canada, the Values and Ethics Code for the Public Sector, or any other values and ethics codes applicable within provincial or territorial governments or specific organizations, cannot derive any direct

benefit resulting from this Agreement unless the provision or receipt of such benefit is in compliance with such legislation and codes.

(d) Pathways to Recovery has been allocated a total of \$9,688,420 over 57 months (July 2, 2022 to March 31, 2025) for its Safer Supply Ottawa project, which expands upon existing Ottawa community-based services to prescribe pharmaceutical-grade medications for those at greatest risk of overdose and death. A breakdown of its funding by Fiscal Year, from the Contribution Agreement, is provided below.

Pathways	FY20/21	FY21/22	FY22/23	FY23/24	FY24/25
to Recovery SUAP Funding	\$1,400,000	\$2,181,163	\$2,181,163	\$1,963,047	\$1,963,047

(e) Projects providing prescribed alternatives are operated by provincially regulated health professionals. These health professionals must adhere to applicable provincial laws and regulations pertaining to prescribing of drugs containing controlled substances, and standards of practice set out by provincial professional associations.

In response to specific allegations raised regarding the diversion of medications from federally funded pilot projects offering prescribed alternatives to the toxic illegal drug supply, officials from Health Canada undertook a detailed assessment of the risk mitigation measures of all federally funded pilot projects. The results of that assessment demonstrated that projects have a range of protocols in place. In all cases, controls and reporting requirements have been strengthened for improved oversight and monitoring by Health Canada to help reduce diversion risk.

As a condition of their funding, Pathways to Recovery has implemented operational protocols to help address diversion, including patient screening and monitoring, efforts to better match drugs to patient tolerance, and witnessed dosing based on individual client risk. SUAP-funded providers, including Pathways to Recovery, must also adhere to the Controlled Drugs and Substances Act (CDSA) and its regulations concerning the lawful import, export, production, distribution, possession and sale of controlled substances in Canada, or risk termination of their funding agreement.

In addition to these measures, Health Canada is engaging with a range of experts on prescribed alternatives and diversion risk, including program providers, people with lived experience, researchers, addictions medicine professionals, and law enforcement. Health Canada also convened a meeting of federally funded projects in February 2024 to review their protocols, share the latest evidence and share promising practices.

The Government of Canada continues to support the evaluation of projects to inform our actions moving forward, including an arms-length evaluation of prescribed alternatives pilot projects. This study is funded through the Canadian Institutes of Health Research (CIHR) and is being conducted by a research team from the Canadian Research Initiative in Substance Misuse (CRISM). The final results are expected in early 2025.

Health Canada continues to closely monitor prescribed alternative projects and to analyse available evidence to inform decisions on future actions, including any further adjustments that may be needed for the health and safety of patients and communities across Canada.

